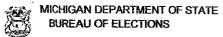


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 07/22/12 to 08/12/12				
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.				
150668	Wetters Howard J				
	4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name	Bay County Clerk				
Howard Wetters for Bay County Clerk	4b. County of Residence Bay				
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address				
1886 Wetters Rd, Kawkawlin, MI 48631	Sally Gray, 5009 S Fraser Rd, Bay City, MI 48706				
	wijneren kanak				
Area Code and Phone (989) 684-5563					
I If the address in this havis different from the committee					
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (989) 667-0423				
7. Treasurer's Business Address	B. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)				
5009 S Fraser Rd, Bay City, MI 48706	Howard Wetters				
	1886 Wetters Rd, Kawkawlin, MI 48631				
Area Code and Phone (989) 667-0423	Area Code and Phone (989) 684-5563				
9. TYPE OF STATEMENT					
9a. Pre-Election OR 9b. Post	t-Election 9c. Annual Statement (Coverage Year)				
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)				
√ Primary Ger	9e. Dissolution of Candidate Committee				
	Effective Date of Dissolution				
Convention	iuui				
Special Cau	icus				
	By checking this item, IWVe certify that the committee has no assets or outstanding debts, including late filing fees. Further, IWVe request that if				
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.				
08/07/12	Note: The disposition of residual funds must be reported on Schedule				
	18 and the Summary Page.				
Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign Statements. The Campaign Statements must include all applicable anditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.				
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany	ped since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or hat campaign statement cannot be waived.				
10. Verification: ItWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of					
my\our knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or Howard Wetters Haward W 2012					
Designated Record keeper Type or Print Name	Signature Date				
1	Harris Miller				
Candidate Howard Wetters	///away/ //away				
Type or Print Name	Signature				



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ______150668

2. Committee Name Howard Wetters for Bay County Clerk

line 3a of Summary

Page.

-		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 08/08/12 Name & Address:		
Dhana Shrestha, 2133 Heritage DR, Bay City, MI 48706		
	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Cliab Hara f	or Memo Itemization
Occupation Employer	- Olice Liele I	or Menio Reilizanoli
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/08/12 Name & Address		
Patricia Shrestha, 2133 Heritage DR, Bay City, MI 48706	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	and the state of t	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/09/12 Name & Address:		
Carlos Marchena, 6220 Fairway Pines Ct, Bay City, MI 48706	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		and the second of the second o
B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/09/12 Name & Address		
Alice Marchena, 6220 Fairway Pines Ct, Bay City, MI 48706	_{\$} 50.00	_{s_} 50.00
5. If over \$100.00 cumulative, please provide:	problem . E B. B	a Balancia a transfer and
Occupation Employer	Click Here for	Memo Itemization
	_	
Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Type of Contribution: Joinect Loan from a person Fund Raiser	otal Janon on	
·	Ψ200.00	
Grand Total of All Schedules (Complete on last page of Schedu	μle) Ψ200:00	_
	Enter this total on	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

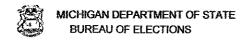
150668

2. Committee Name Howard Wetters for Bay County Clerk

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u></u>	
Name Alex Rinness	se minima.	08/22/12	\$ 500.00
Address	Purpose: Internship	Date	
617 Green, Bay City, MI 48708			Baratan Tur
o.,,,,,	 	tere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name Xavier Cervantes		08/13/12	\$ 500.00
Address	Purpose: Internship	Date	
1013 S Birney, Bay City MI 48708			
1013 3 Billiey, Day Oily Wil 40700	Click I	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address		Date	\$
Address	Purpose:		
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
Address		Date	\$
Address	Purpose:		
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Sidernera		
Name			
			\$
Address	Purpose:	Date	
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subtot	al this page	\$1,000.00
	Grand Total of all S		\$1,000.00
	(Complete on last page	or schedule)	÷ .,555.65

Enter this total on line 8a of Summary Page

1 1 Page of



1. Committee I.D. Number 150668

1	50668
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SUMMARY PAGE **CANDIDATE COMMITTEE**

2. Committee Name Howard Weters for Bay County Clerk

RECEIPTS	Column I This Period	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 200.00	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ \$200.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,000.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ \$1,000.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	IANE 1 C	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	***
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$ \$0.00
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
<u> </u>	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	Incomplete
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line F. Total Contributions & Other Resolute)	(14.) + \$ \$200.00	Amendment Requested
(Line 5, Total Contributions & Other Receipts)	(15.) = \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$1,000.00	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$*	
(Subtract line 16 from line 15)		